

#### INVENTOR INFORMATION

Inventor One Given Name:: Karen  
Family Name:: McLachlan  
Postal Address Line One:: 184 W. Jason Street  
City:: Encinitas  
State or Province:: California  
Country:: USA  
Postal or Zip Code:: 92024  
City of Residence:: Encinitas  
State or Province of Residence:: California  
Country of Residence:: USA  
Citizenship Country:: United Kingdom  
Inventor Two Given Name:: Scott  
Family Name:: Glaser  
State or Province of Residence:: California  
Country of Residence:: USA  
Inventor Three Given Name:: Robert  
Family Name:: Peach  
State or Province of Residence:: California  
Country of Residence:: USA  
Inventor Four Given Name:: Anthony  
Family Name:: Rowe  
State or Province of Residence:: California  
Country of Residence:: USA

#### CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 26111  
Fax One:: 202 371 2540

#### APPLICATION INFORMATION

Title Line One:: Compositions and Methods for Treating Ca  
Title Line Two:: ncer Using IGSF9 and LIV-1  
Total Drawing Sheets:: 37  
Formal Drawings?: Yes  
Application Type:: Utility  
Docket Number:: 2159.0030001  
Secrecy Order in Parent Appl.?: No

#### REPRESENTATIVE INFORMATION

Representative Customer Number:: 26111

#### CONTINUITY INFORMATION

This application is a:: NON PROV. OF PROVISIONAL  
> Application One:: 60/442,535

Filing Date:: 01-27-2003

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